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EMDR Basic Training Registration Form
August 11-13; September 29-October 1; and November 5 (all 8:30-5 MST),
and December 3, 9-11 AM MST

Trainee Name: _____

Mailing Address, City, State, & Zip Code (this will be the one EMDRIA keeps on file):

Business Phone #: _____

Business Email: _____

Professional Degree: _____ License(s) & #'s: _____

Have you attended a Basic Training before? _____

If yes, when and where? _____ Trainer's Name: _____

Are you a graduate student, and if so, where? _____

If you are a student, are you, at a minimum, in your Practicum course? _____

Do you agree to purchase and read the course texts prior to the training? _____

Course Texts:

- **(Required)** Shapiro, F. (2018). *Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic principles, protocols, and procedures* (3rd ed.). New York, NY: Guilford.
- **(Recommended)** Leeds, A. (2016). *A guide to the standard EMDR Therapy protocols for clinicians, supervisors, and consultants* (2nd ed.). New York, NY: Springer.

Are you auditing this training? _____

All items must be received to secure a spot in the training and to receive the early-bird discount. Please send all of the following:

- **Registration Form**
- **Copy of driver's license (or identification card)**
- **Copy of professional license(s) to practice independently or under supervision**
- **If student or pre-licensed individual: Release of Information to Clinical Supervisor(s)**
- **Completed Disclosure & Payment Contract**
- **Payment in full (via Venmo, Paypal, or personal check; check must clear by early-bird and/or training start date)**
- **Copy of former Basic Training Certificate of Completion (if auditing)**

